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PTO/\$B/21 (07-06)

TRANSMITTAL FORM

Application Number 10/650,261

Filing Date August 27, 2003

First Named Inventor Kim, Raymond

Art Unit 1645

Examiner Name Jana A. Hines

Attorney Docket Number 020144-003100US

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

ENCLOSURES (Check all that apply) After Allowance Communication to TC \times Drawing(s) Fee Transmittal Form-Fee Transmittal PTO/SB/17 in duplicate Appeal Communication to Board Licensing-related Papers Fee Attached of Appeals and Interferences Appeal Communication to TC Petition Amendment/Reply (Appeal Notice, Brief, Reply Brief) Appellant's Brief w/Appendices X1 and X2 Petition to Convert to a After Final **Proprietary Information Provisional Application** Power of Attorney, Revocation Affidavits/declaration(s) Status Letter Change of Correspondence Address Other Enclosure(s) (please identify X Extension of Time Request- 2 mos. Terminal Disclaimer below): per PToSB/22 in duplicate Return Postcard **Express Abandonment Request** Request for Refund Information Disclosure Statement CD, Number of CD(s) Landscape Table on CD The Commissioner is authorized to charge any additional fees to Deposit Remarks Certified Copy of Priority Account 20-1430. Document(s) Reply to Missing Parts/ Incomplete **Application** Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name Townsend and Townsend and Crew LLP Signature Printed name Chuan Gao

CERTIFICATE OF TRANSMISSION/MAILING

Reg. No.

54,111

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

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Signature	Maluda	Car	elit
Typed or printed name	Malinda C. Dagit		X

Malinda C. Dagit

March 27, 2007

Date 27 March 2007

Date

Fees purched to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FOR FY 2006

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 250

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order Non Deposit Account Deposit Account Number: 20-1430

For the above-identified deposit account, the Director is Charge any additional fee(s) or underpayments of fee

Complete if Known				
Application Number	10/650,261			
Filing Date	August 27, 2003			
First Named Inventor	Kim, Raymond			
Examiner Name	Jana A. Hines			
Art Unit	1645			
Attorney Docket No.	020144-003100US			

Check		(0) 200	Attorney Docker	TNO. U20144-003 10003		
Deposit Account Name: Townsend and Townsend and Crew LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge leg(s) indicated below Charge fee(s) indicated below except for the filling fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments Charge fee(s) fee(s) Charge fee(s) fee(s) fee(s) Charge fee(s) fee(s) fee(s) Charge fee(s) fee(METHOD OF PAYMENT	(check all that apply)				
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Signature	000	Registration No. (Attorney/Agent) 54,111	Telephone 415-576-0200
Name (Print/Type)	Chuan Gao		Date March 27, 2007